



U.S. Department of Justice
Drug Enforcement Administration
FOI/Records Management Section
8701 Morrisette Drive
Springfield, Virginia 22152

Case Number: 12-00254-F

APR 23 2012

Subject: Requesting all correspondence to Sherriff Joe Arpaio from the DEA since 01/20/2009.

Jason Smathers
MuckRock News
DEPT MR 1243 P.O. Box 55819
Boston, MA 02205

Dear Mr. Smathers:

This letter responds to your Freedom of Information Act/Privacy Act (FOI/PA) request dated April 13, 2012, addressed to the Drug Enforcement Administration (DEA), Freedom of Information/Privacy Act Unit (SARF), seeking access to information regarding the above subject.

Your request was opened and assigned the above case number. Please include this case number in any future correspondence addressed to this office.

Before DEA can begin processing your request, it will be necessary for you to provide either proof of death or an original notarized authorization (DOJ Form 361 and Third Party Release Statement) from this individual. Two forms are enclosed to assist you with meeting this requirement.

Proof of death can be a copy of a notarized death certificate, obituary, or a recognized reference source. Waivers of personal privacy must be notarized, must specifically identify the person waiving privacy (including full name, date and place of birth, social security number and present address), and must be specifically directed to the DEA -- permitting the DEA to release personal information (about the person executing the waiver) from its files. The waiver should be dated within a reasonable time period preceding the request, and the original copy of the waiver must be provided to the DEA.

If you submit either a copy of the proof of death or an original notarized authorization directly to the DEA, we will conduct a search of our records. In addition, to ensure an accurate search of our records, please provide your subject's complete name, date and place of birth, and social security number if you have not already done so.

Without proof of death or an original notarized authorization, to confirm the existence of law enforcement records or information about another person is considered an unwarranted invasion of personal privacy. Such records would be exempt from disclosure pursuant to Exemptions (b)(6), (b)(7)(C), (b)(7)(D), (b)(7)(F) and/or of the Freedom of Information Act (FOIA), Title 5 U.S.C. Section 552.

This letter also confirms your obligation that by filing your request, you have agreed to pay all applicable fees charged under 28 C.F.R. 16.11, up to \$25.00. For purposes of assessing fees, your request has been categorized as "*all others*" in which you will be afforded two (2) hours of search and 100 pages of duplication at no charge. You will be responsible for all other fees incurred beyond the above threshold. At that time, the DEA will be able to provide you with an estimate of any fees for processing your request. No fees are due at this time.

To this end, no further action will be initiated on this request until we are in receipt of the above documentation. Upon receipt, we will conduct a query of the Investigation Reporting and Filing System (IRFS). IRFS is the system of records that contains all administrative, general and investigative files compiled by DEA for law enforcement purposes. If this office does not receive your response within 30 days, DEA will assume that you do not wish to pursue this matter and your request will be administratively closed. Please forward your response to the following address:

DEA HEADQUARTERS
ATTN: FOIA/PA UNIT (SARF)
8701 MORRISSETTE DRIVE
SPRINGFIELD, VIRGINIA 22152

If you have any questions regarding this letter, you may contact the customer support hotline at 202-307-7596.

Sincerely,

A handwritten signature in cursive script, reading "Katherine Myrick".

Katherine L. Myrick, Chief
Freedom of Information/Privacy Act Unit
FOI/Records Management Section

Enclosures



Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, U.S. Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester ¹ _____

Citizenship Status ² _____ Social Security Number ³ _____

Current Address _____

Date of Birth _____ Place of Birth _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature ⁴ _____ Date _____

"ORIGINAL SIGNATURE"

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

--Print or Type Name

¹ Name of individual who is the subject of the record sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.



U.S. Department of Justice
Drug Enforcement Administration

THIRD PARTY RELEASE STATEMENT

I authorize the Drug Enforcement Administration to release all requested information concerning myself to:

SIGNATURE OF SUBJECT

Subscribed and sworn to before me,
This ____ day of _____, 20____.

Foreign notaries are not
accepted. Notary must
be before U.S. Consulate
Personnel.

NOTARY PUBLIC

Commission Expires _____

Original Stamp or Seal
Required Here

I certify that I am the person named above and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine of not more than \$10,000.00 or by imprisonment of not more than five years or both, and that requesting or obtaining any records(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.00.